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Examiner Steve Sax	703 872 9306	

FROM:	PHONE NO.:	E-MAIL ADDRESS:
Christine A. Hurdle	206.689.1213	churdle@schwabe.com

MESSAGE:

RE: 09/517,874, filed 3/2/00
 Applicant: Porter
 Attention Examiner Steve Sax

As requested, attached please find a complete copy of the response as filed on 4/16/04 in the above-referenced application. A copy of the stamped return receipt postcard is attached. Should you require anything further, please let us know.

FILE NUMBER:	112076-138329		
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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

Complete if Known

Application Number	09/517,874
Filing Date	3/2/00
First Named Inventor	Porter
Examiner Name	Nguyen, T.T.
Art Unit	2174
Attorney Docket No.	109911-130400

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit Account Number: 500393

Deposit Account Name: Schwabe Williamson et al.

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☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 88	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	Non-English specification	
1812 2,520	2812 2,520	For filing a request for ex parte reexamination	
1804 920*	2804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	2805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	2480 130	Petitions to the Commissioner	
1807 50	2807 50	Processing fee under 37 CFR 1.17(g)	
1806 180	2806 180	Submission of Information Disclosure Stmt	
8021 40	2821 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	2802 900	Request for expedited examination of a design application	

Other fee (specify) Statutory Disclaimer

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55)

SUBMITTED BY

Name (Print/Type)	Aloysius T.C. AuYeung	Registration No. (Attorney/Agent)	35,432	Telephone	503 222 9981
Signature		Date	4/16/04		

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Art Unit	2174
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500393Deposit Account Name
Schwabe Williamson et al.

The Director is authorized to: (check all that apply)

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FEE CALCULATION (continued)

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Attorney's Docket No.: 109911-130400 Initials: AKP/cah/ylc
Application No.: 09/517,874 Filing Date: 3/2/2000
Title: EXCLUSIVE USE DISPLAY SURFACE AREAS AND PERSISTENTLY VISIBLE DISPLAY OF
CONTENTS INCLUDING ADVERTISEMENTS
Client: Xoucin Inventor(s): Porter
Date Mailed: 4/16/04 Docket Date: 4/20/04
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<input type="checkbox"/> Appeal Brief & two copies (<u>1</u> pgs. each)	<input type="checkbox"/> Notice of Appeal (<u>1</u> pgs.)
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<input checked="" type="checkbox"/> Check No.: <u>12470</u> Amount: <u>55.00</u>	<input type="checkbox"/> Request & Certification Under 35 U.S.C. 122(b)(2)(B)(i) (<u>1</u> pg.)
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<input checked="" type="checkbox"/> Other: <u>Terminal Disclaimer (1 pg.)</u>	

IPG No. P013X

Attorney's Docket No.: 109911-130400 Initials: AKP/cah/ylc
Application No.: 09/517,874 Filing Date: 3/2/2000
Title: EXCLUSIVE USE DISPLAY SURFACE AREAS AND PERSISTENTLY VISIBLE DISPLAY OF
CONTENTS INCLUDING ADVERTISEMENTS
Client: Xoucin Inventor(s): Porter
Date Mailed: 4/16/04 Docket Date: 4/20/04
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IPG No. P013X

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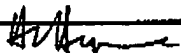
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/517,874
	Filing Date	3/2/00
	First Named Inventor	Porter
	Art Unit	2174
	Examiner Name	Nguyen, T.T.
Total Number of Pages in This Submission	Attorney Docket Number	109911-130400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	Terminal Disclaimer (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	Check No. 12470
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Schwabe, Williamson & Wyatt, P.C.
Signature	
Date	4/16/04

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Typed or printed name	Christine Hurdle
Signature	
Date	4/16/04

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